

COUNTY MEDICAL SERVICES PROGRAM NOTICE OF ACTION UTILIZATION OF PROPERTY

(COUNTY STAMP)

Case number: _____

District: _____

Utilization requirement for: _____

(Names)

We have reviewed the information available to us about your circumstances, and we find that you own real property other than your home. The address or description of this property is:

In order for you to remain eligible for CMSP, you must receive net income from this property each year which is equal to 6% of the net market value of the property. The monthly net income (gross income minus expenses) you must receive from your property is:

Net market value of property: \$ _____

1/12 of 6 percent: x .005 _____

Net income you must receive
from property each month: \$ _____

☐ Your property is earning net income at least equal to this amount. It must continue to do so for you to remain eligible for CMSP.

☐ Your property is **not** earning income equal to this amount. In order to remain eligible for CMSP, your property must be earning net income at least equal to this amount by _____ month/day/year or your eligibility will be discontinued effective _____ month/day/year.

Report any increase in the income from your property immediately.

If you decide to sell your property in order to utilize it, the property must be sold for a price which is either equal to the market value of the property or comparable to the price for which property of similar value in your area is being sold.

The regulations which require this action are California Administrative Code, Title 17, Section 1498, et seq.

Eligibility Worker_____
Phone_____
Date

**APPLICANT COPY
CASE COPY**